AMENDMENT TRANSMITTAL LETTER						Docket No. 1422-0678PUS1	
Application	n No.	Filing	Date	Examiner		rt Uni	
10/537,833-Conf. #8685		June 8, 2005		K. P. Kems		1793	
olicant(s): Mik	io SAKAGUCH	I et al.					
ention: SPHEF Amendment mmissioner for		G SAND					
xandria, VA 22							
				ied application.			
ne fee has beer	n calculated an	d is transmitte	d as shown b	elow.			
			S AS AMEN	DED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	12	- 23 =	0	x 52.00	0.	.00	
ndependent Claims	1	- 3 =	0	x 220.00	0.	.00	
Multiple Depend	lent Claims (ch	eck if applicab	le)				
Other fee (pleas	e specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0	00	
_				Small Entity			
x I arge Entity		d for this amo	ndment	omaii Emity			
x Large Entity		u ioi una ame	idilient.				
x No additiona							
X No additional	ge Deposit Acc			n the amount of \$ _			
x No additiona Please char A duplicate	ge Deposit Acc copy of this she	et is enclosed	1.	<u> </u>			
X No additional Please char A duplicate A check in the	ge Deposit Acc copy of this she	eet is enclosed	I. is endo	<u> </u>			
No additional Please char A duplicate of the A check in the Check of t	ge Deposit Acc copy of this she ne amount of \$ credit card. For is hereby auth	orm PTO-2038 corized to char dicate copy of	is endo is attached. ge and credit	sed. Deposit Account N		_	
X No additional Please charat A duplicate A check in the payment by X The Director as described X Credit a	ge Deposit Acc copy of this she ne amount of \$ credit card. For is hereby auth I below. A dup ny overpaymen	per is enclosed porm PTO-2038 porized to char dicate copy of ht.	is enclo is attached. ge and credit	sed. Deposit Account Nenclosed.	o. 02-2448	_	
X No additional Please charat A duplicate A check in the payment by X The Director as described X Credit a	ge Deposit Acc copy of this she ne amount of \$ credit card. For is hereby auth I below. A dup ny overpaymen	per is enclosed porm PTO-2038 porized to char dicate copy of ht.	is enclo is attached. ge and credit	sed. Deposit Account Nanclosed.	o. 02-2448	 I 1.17.	
X No additional Please charat A duplicate A check in the payment by X The Director as described X Credit a	ge Deposit Accopy of this she ne amount of \$ credit card. For is hereby auth to below. A dup ny overpaymer any additional fill	per is enclosed porm PTO-2038 porized to char dicate copy of ht.	is enclo is attached. ge and credit	sed. Deposit Account Nanclosed.	o. 02-2448 67 CFR 1.16 and	 I 1.17.	